

## Eligibility for Developmental Disabilities Services

☐ Form 19  
☐ Form 19C

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Client ID: \_\_\_\_\_

### Assessments

☐ Yes ☐ No Are the required assessments completed?

☐ ICAP

☐ Social History

☐ Psychological Evaluation or

☐ Developmental Assessment (if under 7 years)

Additional Documentation (optional):

☐ Medical Summary/Physical

☐ Mental Health /Psychiatric Evaluation

☐ Educational Evaluation

☐ Other: \_\_\_\_\_

### Resident/Diagnosis

☐ Yes ☐ No Is the applicant a resident of Utah?

☐ Yes ☐ No Does the applicant have a required diagnosis?

☐ Mental Retardation: MR Level: \_\_\_\_\_ by \_\_\_\_\_ date \_\_\_\_\_

☐ Meets definition in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

☐ Related Condition: Diagnosis: \_\_\_\_\_ by \_\_\_\_\_ date \_\_\_\_\_

☐ Meets definition in Utah Administrative Rule R539-1.

If "No," comment: \_\_\_\_\_

### Functional Limitations

☐ Yes ☐ No Does the applicant have three or more substantial, chronic, functional limitations in the following areas of major life activity? Check all that apply and record the assessment and date used to substantiate the determination:

☐ 1. Self-Care. \_\_\_\_\_

☐ 2. Expressive and/or Receptive Language. \_\_\_\_\_

☐ 3. Learning. \_\_\_\_\_

☐ 4. Mobility. \_\_\_\_\_

☐ 5. Capacity for Independent Living. \_\_\_\_\_

☐ 6. Self-Direction. \_\_\_\_\_

☐ 7. Economic Self-Sufficiency (not applicable if under 18 years). \_\_\_\_\_

☐ Yes ☐ No Are any of the above functional limitations due to mental illness, hearing impairment and/or visual impairment, learning disability, behavior disorder, substance abuse or personality disorder?

If "Yes", indicate the number of the life activity(s), the exclusion, and the assessment used to substantiate the determination:

### Eligibility Determination

☐ Yes ☐ No Is the applicant eligible for non-waiver developmental disabilities services based on information in the Division of Services for People with Disabilities record at this time?

Signed: \_\_\_\_\_, QMRP Date: \_\_\_\_\_

